Talking Points for Eligibility Call for Community Transformation Grants (CTG) Funding Opportunity Announcement (FOA): Small Communities Program

Agenda in brief:

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2) Overview of CTG – **Dr. Ursula Bauer**
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4) Eligibility Criteria & Funding Levels – **Dr. Ursula Bauer**
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Talking Points:

1) Introduction and Welcome – Kristy Marynak/Jeff McKenna

Welcome to the Community Transformation Grants (CTG) conference call. This is the (*first/second/third/last*) of four pre-application support calls we are hosting prior to the Letters of Intent due date of June 18, 2012.

I am *Kristy Marynak, Public Health Analyst OR Jeff McKenna, Associate Director for Communication Science* in the National Center for Chronic Disease Prevention and Health Promotion here at the Centers for Disease Control and Prevention.

Thank you for taking the time to be on this call today. Let me run through today's agenda and the people you will be hearing from on our end.

- I will serve as the moderator for the call.

- Dr. Ursula Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion, CDC, will give an overview of the Small Communities Program of the Community Transformation Grants, review the major components of the Funding Opportunity Announcement (FOA), and review the Eligibility Criteria and Funding Levels.

- Vivian Walker, a Grants Management Officer at CDC, will discuss the Letter of Intent requirements and submission procedures.

- I will then review some key resources available to you for additional information as you prepare your Letters of Intent and eventual applications.

- We will end with time for some of your questions. Currently all lines are on mute. However, prior to the Q & A portion of the call, the operator will provide instructions on how you can indicate that you would like to ask a question. With this in mind we suggest writing down your questions during the call, as questions will be held until the end of the CDC presentations. In the event your question is not answered on today's call, you may submit it under the Small Communities Program section of the CTG website, www.cdc.gov/communitytransformation.

- I am now going to turn it over to Dr. Bauer who will give us an overview of the Community Transformation Grants.

2) Overview of CTG – Dr. Ursula Bauer

Thank you, *Kristy/Jeff*.

In this country, chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death, disability, and health care costs. Chronic diseases account for:

- 70% of all deaths in the U.S. each year.
- Major limitations in daily living for almost 1 of 10 Americans.
- And about three-quarters of the more than 2.5 trillion dollars our nation spends each year on medical care.

Although chronic diseases are among the most common and costly health problems, they are also among the most preventable.

The Patient Protection and Affordable Care Act of 2010 authorizes Community Transformation Grants to support evidence- and practice-based community and clinical prevention and wellness strategies that will lead to specific, measurable health outcomes to reduce chronic disease rates.

The first round of CTGs, funded during the 2011 fiscal year (FY), focused on states and communities with populations of 500,000 or more. These awards were made to 61 states and communities and 7 national networks for community-based organizations with the potential to reach approximately120 million Americans. In year two of these five year awards, the Department of Health and Human Services (HHS) is continuing to support the initial 68 awardees with 2012 funds.

The Funding Opportunity Announcement (FOA) that we are discussing today supports a new component of the CTG program, this one focused on improving the health of small communities across the nation. Small communities are defined in this FOA as a population of up to 500,000 – I'll talk more about that in a few minutes. Two-year grants will be awarded to governmental agencies and non-governmental organizations across a variety of sectors, including transportation, housing, education, and public health, as well as tribes and tribal organizations. The goal is to increase opportunities for people to make healthy living easier and improve health in communities of up to 500,000 people.

Specifically, the program's goal is to prevent heart attack, stroke, cancer, diabetes, and other leading chronic disease causes of death or disability. The program aims to achieve this goal by supporting governmental agencies and nongovernmental organizations, from multiple sectors, to implement evidence- and practice-based strategies that align with their missions and to partner with agencies and organizations in other sectors to improve community health.

No one agency or organization within an area can accomplish this work on its own. A consortium of governmental agencies and nongovernmental organizations is necessary in order to achieve the goals of this program and transform our communities to support health.

Consistent with the overall CTG program, this new FOA supports the five "Strategic Directions" from the National Prevention Strategy:

1. Tobacco-Free Living,
2. Active Living and Healthy Eating,
3. High impact Quality Clinical and other Preventive Services,
4. Social and Emotional Wellness, and
5. Healthy and Safe Physical Environments.

Applicants may propose activities in one or more of these areas that contribute to the overall goal of the CTG program. Activities should contribute to achieving one or more of the five outcome measures outlined in the Affordable Care Act. These five measures are:

1. Changes in weight,
2. Changes in proper nutrition,
3. Changes in physical activity,
4. Changes in tobacco use prevalence, and
5. Changes in emotional well-being and overall mental health.

In addition, communities will be expected to contribute to achievement of the long-term performance objectives and other program-specific measures specified in their Community Transformation Implementation Plans. In both years of their grant awards, communities must submit to CDC a report describing the status of their selected outcome measures and how they contribute to the long-term objectives addressed under the CTG

program.

These long-term objectives are:

1. Reduce death and disability due to tobacco use by 5% among the target population.
2. Reduce the rate of obesity through nutrition and physical activity interventions by 5% in the implementation area.
3. Reduce death and disability due to heart disease and stroke by 5% in the implementation area.

A core principle of Community Transformation Grants is the advancement of health equity. All Americans should have equal opportunities to live long, healthy lives, regardless of their income, education, race/ethnic background, sexual orientation, gender identity, or other factors. Health disparities represent preventable differences in the burden of disease, disability, injury or violence, or in opportunities to achieve optimal health. In their plans, recipients must describe the intervention population selected, including relevant health disparities, and how selected interventions will accomplish one or more of the five outcome measures and reduce or eliminate one or more identified health disparities.

At least 20 percent of grant funds will be directed to rural and frontier areas.

The budget and project period for the small communities program is two years.

3) Examples of Potential Interventions to be Supported - Dr. Ursula Bauer

I am now going to talk about the kinds of activities that will be supported by the CTG small communities program.

Communities will implement a variety of evidence-based and practice-based policy, environmental, programmatic and infrastructure improvements to promote healthy lifestyles in small communities that improve health and health behaviors among an intervention population, specifically targeting one or more of the five outcome measures.

In the area of <u>policy change</u>, examples of possible interventions are:

1. Increase community understanding of the health effects of smoke-free policies and programs.
2. Strengthen understanding and impact of school wellness policies that increase physical education and physical activity, improve nutrition quality of foods and beverages available in schools, and address tobacco use on school grounds.

In the area of environmental change, examples of possible interventions are:

1. Increase the availability and accessibility of fruits, vegetables, and other healthy food options by increasing consumer choice and eliminating "food deserts," particularly in urban, rural, and underserved communities experiencing health disparities.
2. Introduce or expand farmers' markets.
3. Improve the nutrition quality of foods available in schools, worksites, senior centers, and other locations.

In the area of programmatic change, examples of possible interventions are:

1. Facilitate community participation in the National Diabetes Prevention Program by identifying sites to become recognized providers of the intervention and health plans that will pay for the intervention.
2. Provide coordinated technical assistance to health systems to promote clinical and other preventive services addressing tobacco cessation or weight management, for example.

In the area of infrastructure change, an example of a possible intervention is to establish outreach systems, such as incorporating community health workers or automated patient reminder systems, which increase use of and access to clinical and other preventive services.

The emphasis of this program is on policy, environmental, programmatic, and infrastructure improvements. Delivery of direct services is not within the scope of this announcement.

4) Eligibility Criteria & Funding Levels – Dr. Ursula Bauer

Now I will review Eligibility Criteria and Funding Levels. The majority of the questions we have received to date are about eligibility. It is most helpful to think about eligibility as separate from the population to be served. These are two distinct aspects of the FOA.

All entities listed in Section III (Eligibility Information) of the FOA are eligible to apply. These are:

- First, governmental agencies and non-governmental organizations. This category includes, but is not limited to, school districts, local housing authorities, local transportation authorities, state and local health departments, planning and economic development agencies, non-profit and community based organizations, area aging

agencies, cooperative extension agencies (educational programs within land grant universities), and others.

- Second, federally-recognized American Indian Tribes and Alaska Native Villages.
- Third, tribal organizations, which include Intertribal Councils and American Indian Health Boards that meet the definition set forth in 25 U.S.C. Section 1603(e) and are under a resolution that such organizations, councils, and boards represent the underlying tribes.
- Fourth, Urban Indian Health Programs, which include tribal and intertribal consortia that meet the definitions set forth in the various U.S.C. sections referenced in the FOA related to Urban Indian Organizations, Tribal Organizations, and tribal health programs.

In order to meet the objectives of the FOA, eligible applications must describe the population to be served. The CTG Small Communities program targets intervention populations of up to 500,000 in neighborhoods, school districts, villages, towns, cities and counties in order to increase opportunities for people to make healthful choices and improve health. These areas can be specific counties, cities, towns and villages with up to 500,000 population or neighborhoods, sections, or subgroups of the population (e.g., children or seniors) within a metropolitan area.

For this announcement, governmental agencies and nongovernmental organizations are eligible to apply for funding to serve an intervention population of up to 500,000. Examples of intervention populations include:

1. Residents of a recognized village, school district, town or county with populations up to 500,000.
2. Residents of a neighborhood within a large city, county or metropolitan area comprised of specified census tracts totaling up to 500,000 population.
3. A specific population subgroup within an area or jurisdiction regardless of the population size of that area or jurisdiction, as long as the selected intervention population is no more than 500,000. For example: residents aged 65 and older, residents of city owned housing, children in a specific age range. The intervention population should be selected based on a documented high burden of chronic diseases, conditions or risk factors.
4. Tribal members.

Let me now turn to the funding levels for the Small Communities component of the Community Transformation Grants.

Approximately $70 million is available for the full 2-year project period. That’s $35 million each year for the two-year budget and project period.

The size of awards will vary with the size of the intervention population, the scale and complexity of the proposed activities, the number of Affordable Care Act outcome measures to be addressed by the project, and the needs of each community. Award amounts will range from $1 per capita to $10 per capita per year (based on the size of the

proposed intervention population as well as the number and complexity of the proposed strategies and outcomes).

CDC expects to make approximately 25 to 50 awards. The average award will likely be in the range of $2.5 million for two years, commensurate with intervention population size; the scale, comprehensiveness, and complexity of the interventions to be implemented; and the number of CTG outcomes to be addressed.

The minimum award will be $200,000 for the 2-year project period for intervention populations of up to 100,000 and a smaller number of strategies and outcome measures.

The strongest applications will be those that reach larger populations up to 500,000. However, as I mentioned, at least 20% of funds will be directed to rural and frontier areas.

Larger awards will go to applicants serving larger populations (up to 500,000) and selecting all five outcome measures.

For tribes, however, the strongest applications will be those that serve a large proportion of or all tribal members.

Application reviewers will be very attentive to the proposed budget, as negotiated award amounts are not possible with grant awards once work plans are finalized. We urge you to ensure that your proposed budget is commensurate with the size of the intervention population, and the number and complexity of strategies and outcomes to be addressed. An application with a budget that is much too high or much too low puts the application at a disadvantage. For example, an application proposing to address an intervention population of 75,000 people and proposing to address a single outcome measure with a $2 million or $3 million budget over two years is likely too high to be funded. Similarly, an application proposing to address an intervention population of 495,000 people and address all five outcome measures for $350,000 over two years is likely too low to be funded.

Again, award amounts will range from $1 per capita to $10 per capita per year based on the size of the proposed intervention population as well as the number and complexity of the proposed strategies and outcomes.

Applications are due on July 31, 2012, 5 p.m., Eastern Daylight Savings Time. Awards will be announced on or before September 30, 2012.

I will now turn over the line to Vivian Walker from CDC's Procurement and Grants Office (PGO) to discuss the Letter of Intent requirements.

5) Letter of Intent Requirements - Vivian Walker

Thank you Dr. Bauer.

Applicants are required to submit a Letter of Intent (LOI) to be eligible to apply for this program. CDC's Procurement and Grants Office must receive the Letter of Intent by express mail or delivery service by June 18, 5 p.m. Eastern Daylight Savings Time. See page 36 of the Funding Opportunity Announcement for the CDC address. Failure to submit a Letter of Intent will result in non-responsiveness and the applicant's application will not be accepted/reviewed. Electronic submissions via email, fax, CD or thumbdrives are NOT ACCEPTABLE.

The Letter of Intent is required for the purposes of planning the competitive review process. The information contained within the Letter of Intent does not dictate the content of the application and will not have any bearing on the scoring of the application.

The Letter of Intent should include:

- Funding Opportunity Announcement title and number;
- Names of applicant agency or organization and whether the applicant agency or organization is a governmental agency, non-governmental organization, tribe or tribal organization, or other as defined in section III, Eligible Applicants, of the FOA.
- The applicant-defined geographic area such as a state, county, city, town, village, neighborhood, school district, as applicable.
- The specific intervention population the applicant proposes to serve, the size of that population, the source of the population size information (such as the US Census Bureau), and justification for selection of the specific population such as burden of chronic disease or risk factors and the existence of health disparities.
- The name of the lead/fiduciary agency or organization, the official contact person, and that person's telephone number, fax number, and mailing and email addresses.
- What proportion of the intervention population is located in a rural or frontier area, and what percentage of funds will be used to directly serve the rural and frontier intervention population. See Appendix E of the FOA for a list of rural and frontier municipalities.

Now a word about format. The LOI should be no more than two pages (8-1/2 by 11 inches), double-spaced, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font. A sample LOI template with the required elements included is provided in Appendix F of the FOA.

Although the LOI will not be scored as part of the application process, submission of the LOI is considered part of the submission of a formal application and the applicant will be subject to lobbying restrictions highlighted in section 8 of the FOA.

I will now turn it back to *Kristy Marynak/Jeff McKenna.*

6) Email Box and Website – Kristy Marynak/Jeff McKenna

Thank you, Vivian.

We would like to take a few moments to make sure you are aware of several resources that are available to you such as the website, frequently asked questions (FAQ), and a system for electronic submissions of questions through the website.

We have established a special website for this initiative; it can be found at www.cdc.gov/communitytransformation. We will be posting a list of frequently asked questions and answers and we will continue to add to this list as we receive additional questions. We encourage you to review the full Funding Opportunity Announcement, as well as the FAQs already posted on the website, before submitting a new question.

If you have a question that has not already been addressed in the FAQs or the FOA, please go to the "Submit Your Question" link on the website, complete the requested information, and click the "Submit" button to send. Responses to the questions will be posted on the FAQ section of the website.

7) Questions and Answers – *Kristy Marynak/Jeff McKenna*

Before we open up the line I want to describe how we will handle the questions. To the extent possible we will try to answer your questions on the call today. In the event that we are not able to provide an immediate answer, we will be posting all of the questions and answers from today's call on the Community Transformation Grants website in the coming days. You should check that website frequently for new questions and answers.

Before we go to the phones, I will read through some frequently asked questions that we have developed to assist you in your application.

Question 1: If my organization is on the "Approved But Unfunded" list for CTGs from Fiscal Year 2011, do I need to apply again to be eligible for this funding opportunity?

Answer: Yes, the CTG Small Communities FOA is a separate funding opportunity announcement from the CTG awards made in FY11. You will need to apply for this new FOA in order to be considered for funding.

For the purpose of this competition, "small community" applies to both geography and population, meaning a town of less than 500,000 people is eligible as is a subpopulation of a large metropolitan area. The key is that the intervention group is less than 500,000 people.

Applicants from the FY11 approved but unfunded list can apply in FY12 for targeted subgroups or census tracts up to the 500,000 population threshold.

Question 2: My state/county received a CTG 2011 grant. Does that mean none of the small communities within my state/county is eligible to apply for the 2012 program?

Answer: No. Applicants that meet the eligibility requirements of the FOA are not ineligible based on their state/county's receipt of a 2011 CTG award. However, funds from the 2012 CTG Small Communities program may not be used to replace or supplant funding received under the 2011 CTG program and applicants awarded a 2012 CTG Small Communities grant must meet all of the requirements, including selecting an intervention population and achieving one or more of the five outcome measures as set forth in the CTG Small Communities FOA, and these activities must be in addition to the work accomplished under the 2011 CTG award.

Question 3: My FQHC/501c3/ or other Community Based Organization is a sub awardee on a 2011 CTG award. Is my organization eligible to apply for a 2012 CTG award and if so, do we need to work on a different set of interventions from those we are working on with the 2011 sub award or may we strengthen/intensify those efforts with a new 2012 award directly to my organization?

Answer: Agencies and organizations that received a sub-award from an agency or organization awarded a 2011 CTG are eligible to apply for the 2012 CTG Small Communities FOA as long as they meet the eligibility requirements set forth in the FOA. Receipt of a sub-award under the 2011 CTG does not disqualify an agency or organization from receiving a 2012 CTG Small Communities award. However, funds from the 2012 CTG Small Communities program may not be used to replace or supplant funding received under the 2011 CTG program and applicants awarded a 2012 CTG Small Communities grant must meet all of the requirements, including selecting an intervention population and achieving one or more of the five outcome measures as set forth in the CTG Small Communities FOA, and these activities must be in addition to the work accomplished under the sub-award from the 2011 CTG award.

Question 4: What type of review process will occur for this competition?

Answer: All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the National Center for Chronic Disease Prevention and Health Promotion and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Evaluation Criteria." The review panel will be conducted by federal employees from within and outside the funding center.

Question 5: Where can I find the review process criteria?

Answer: Applications will be evaluated against the criteria outlined in Section 5 of the FOA.

Question 6: How will final communities be selected for funding?

Answer: All scored applications will be arranged in rank order by score. To the extent possible, applications will be funded in order, by score. In addition, other factors may affect the funding decision. CDC will justify any decision to fund out of rank order based on the following considerations:

- geographic area to be served;
- types of strategies and outcome measures;
- communities of varying sizes;
- inclusion of populations and areas with a high burden of chronic diseases including tribes.

Question 7: Can more than one application from the same geographic area be funded to serve the same population?

Answer: No. Only one application for the same intervention population in the same geographic area will be funded.

Question 8: When are applications due and when will awards be announced?

Answer: Applications are due on July 31, 2012, 5 p.m., Eastern Daylight Savings Time. Applications must be submitted electronically at www.Grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives will not be accepted. Awards will be announced on or before September 30.

Question 9: Would a national network of community-based organizations or a large national organization be eligible for funding under this FOA?

Answer: Yes, as long as they meet the eligibility criteria and propose to serve a population of no more than 500,000.

Question 10: Are for-profit organizations eligible for funding under this FOA?

Answer: No.

Question 11: Are there restrictions placed upon the geographic area to be served where the population is less than 500,000? For instance, can an applicant propose to serve a population of less than 500,000 people across a state or series of states?

Answer: There are no restrictions placed upon the geographic area to be served, as long as the population to be served is no more than 500,000.

Question 12: Will the program pay for direct services for people?

Answer: No. Delivery of direct services is not within the scope of this FOA.

Question 13: How will community success be measured?

Answer: Communities will be expected to achieve demonstrated progress in one or more the following five outcome measures outlined in the Affordable Care Act:

1. Changes in weight
2. Changes in proper nutrition
3. Changes in physical activity
4. Changes in tobacco use prevalence
5. Changes in emotional well-being and overall mental health.

In addition, communities will be expected to contribute to achievement of the long-term performance objectives and other program-specific measures specified in their Community Transformation Implementation Plans. In both years of their grant awards, communities must submit to CDC a report describing the status of their selected outcome measures and how they contribute to the long-term objectives addressed under the CTG program.

These long-term objectives include the following:

1. Reduce death and disability due to tobacco use by 5% among the target population.
2. Reduce the rate of obesity through nutrition and physical activity interventions by 5% in the implementation area.
3. Reduce death and disability due to heart disease and stroke by 5% in the implementation area.

Now I will ask the operator to open up the lines to allow us to answer any questions that you may have.

8) Closing – *Kristy Marynak/Jeff McKenna*

On behalf of the National Center for Chronic Disease Prevention and Health Promotion, I want to thank all of you for your time on the call today, and for your interest in the Community Transformation Grants. This is an exciting and extraordinary time for chronic disease prevention and we look forward to receiving your letters of intent by June 18, 2012 at 5:00 pm Eastern Daylight Savings Time. I want to once again encourage you to reach out to partners and coalitions to pull together the strongest possible applications.

This concludes our call today. Thank you, and have a good *morning/afternoon/evening*.